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## APPLICANTS

KENNETH LAWRENCE ACCARDI, PEWAUKEE, WI;

KEVIN JAMES JAY, WHITEFISH BAY, WI;  
DIANE MARIE MIESBAUER, BROOKFIELD, WI;

\*\* CONTINUING DATA \*\*\*\*\*

N, 32C

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>He Sa Cher</i> Examiner's Signature Initials			

## ADDRESS

PATRICK S YODER  
FLETCHER YODER & VAN  
P O BOX 692289  
HOUSTON, TX  
772692289

## TITLE

MEDICAL DIAGNOSTIC SYSTEM REMOTE SERVICE METHOD AND APPARATUS

FILING FEE  RECEIVED 1340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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